

**NEW BUSINESS TAX APPLICATION**

CITY OF ATLANTA, BUSINESS TAX DIVISION

55 TRINITY AVENUE, SUITE 1350, SW ATLANTA, GEORGIA 30303 • PH: 404-330-6270

PLEASE TYPE OR PRINT WITH BALLPOINT PEN

PENALTY FOR FAILURE TO FILE

**THIS LICENSE EXPIRES IN 30 DAYS**

FOR CITY OF ATLANTA USE ONLY

ACCOUNT NO.

BUSINESS TAX  
CLASS  
NUMBER

STD. IND. CL. NO.

INITIALS/DATE

ESTIMATED GROSS REVENUE FROM START DATE OF NEW BUSINESS TO DECEMBER 31ST

☐ STARTED NEW BUSINESS (NEW)

MONTH

DAY

YEAR

EMPLOYEES

HAVE YOU EVER OPERATED A BUSINESS IN THE CITY OF ATLANTA? YES \_\_\_\_ NO \_\_\_\_

2. BUSINESS NAME/DBA		STREET ADDRESS (Physical Location, Apt., Ste., Etc.)		CITY, STATE ZIP CODE	TELEPHONE NO. Area Code ( )
3. BUSINESS NAME IF DIFFERENT THAN LINE 2 (corporation name)		MAILING ADDRESS (Apt., Ste., Etc.)		CITY, STATE ZIP CODE	TELEPHONE NO. Area Code ( )
4. PARTNERSHIP CORP, GA CIRCLE ONE SOLE OWNER OTHER		NAME OF OWNER(S) SOCIAL SECURITY #		RESIDENCE ADDRESS	CITY, STATE ZIP CODE TELEPHONE NO. Area Code ( )
5. OFFICER OR PARTNER	TITLE	NAME SOCIAL SECURITY #	RESIDENCE ADDRESS	CITY, STATE ZIP CODE	TELEPHONE NO. Area Code ( )
6. OFFICER OR PARTNER	TITLE	NAME SOCIAL SECURITY #	RESIDENCE ADDRESS	CITY, STATE ZIP CODE	TELEPHONE NO. Area Code ( )
7. AGENT OR REP	TITLE	NAME SOCIAL SECURITY #	RESIDENCE ADDRESS	CITY, STATE ZIP CODE	TELEPHONE NO. Area Code ( )

8. CERTIFICATION: THE INFORMATION HEREIN IS REQUIRED BY SECTION 30-68 1995 CODE OF ORDINANCES OF THE CITY OF ATLANTA, GEORGIA
9. I (NAME) \_\_\_\_\_ being the (TITLE) \_\_\_\_\_ TELEPHONE NO. ( ) \_\_\_\_\_
- OF THE BUSINESS FIRM NAMED, DO HEREBY REGISTER AND APPLY FOR A BUSINESS LICENSE TO OPERATE SAID BUSINESS WITH DOMINATE BUSINESS ACTIVITY OF
10. (EXPLAIN TYPE OF BUSINESS) \_\_\_\_\_
11. ACCORDING TO THE CLASSIFICATION INDEX OF THE BUSINESS TAX ORDINANCE, CITY OF ATLANTA, GEORGIA; THE UNDERSIGNED CERTIFIES THAT HE/SHE IS THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS REGISTRATION AND APPLICATION FOR A LICENSE, INCLUDING THE ACCOMPANYING SCHEDULES AND STATEMENTS, AND THAT THE SAME ARE TRUE, CORRECT AND COMPLETE.
12. APPLICANT SIGNATURE \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_
13. PARTNER SIGNATURE \_\_\_\_\_

**CITY OF ATLANTA ZONING DIVISION USE ONLY**  
**3<sup>RD</sup> FLOOR, SUITE 3900**

ZONING APPROVAL \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DENIED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CONDITIONS \_\_\_\_\_

LOT \_\_\_\_\_ DISTRICT \_\_\_\_\_ ZONING DISTR. \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_